



NMPS – PSD Brief



Mobilization/Pay

UNCLASSIFIED



DIRECT DEPOSIT

- **Verify account and routing numbers off your check. Do NOT use deposit slip information**
- **ROUTING NUMBERS**
 - **NFCU: 256074974**
 - **USAA: 314074269**

Standard Form 1199A (EG)
(Rev. June 1987)
Prescribed by Treasury
Department
Treasury Dept. Cir. 1076

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial) DOE, JOHN J		D TYPE OF DEPOSITOR ACCOUNT <input checked="" type="checkbox"/> CHECKING <input checked="" type="checkbox"/> SAVINGS	
ADDRESS (street, route, P.O. Box, APO/FPO) N/A		E DEPOSITOR ACCOUNT NUMBER 1 3 3 7 9 7 9 5	
CITY N/A	STATE N/A	F TYPE OF PAYMENT (Check only one) <input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input checked="" type="checkbox"/> Mil. Active <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other (specify)	
B NAME OF PERSON(S) ENTITLED TO PAYMENT N/A		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable) TYPE AMOUNT	
C CLAIM OR PAYROLL ID NUMBER SSN: 111-11-1111 Prefix Suffix		H PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account. SIGNATURE DATE SIGNATURE DATE	
I PAYEE/JOINT PAYEE CERTIFICATION I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.		J JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS. SIGNATURE DATE SIGNATURE DATE	

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION NAVY FEDERAL CREDIT UNION		ROUTING NUMBER 2 5 6 0 7 4 9 7 4 CHECK DIGIT	
DEPOSITOR ACCOUNT TITLE			
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.			
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.
THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

NSN 7540-01-058-0224

PAYEE COPY

1199-207

Designed using Perform Pro, WHS/DOR, Mar 97

FORM W-4

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Form W-4 (2008)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 15, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4S.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

<p>A Enter "1" for yourself if no one else can claim you as a dependent</p> <p>B Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</p> <p>C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)</p> <p>D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return</p> <p>E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)</p> <p>F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit</p> <p>G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child. • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children.</p> <p>H Add lines A through G and enter total here. Note. This may be different from the number of exemptions you claim on your tax return.)</p> <p>For accuracy, complete all worksheets that apply. • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</p>	<p>A 1</p> <p>B 1</p> <p>C _____</p> <p>D _____</p> <p>E _____</p> <p>F _____</p> <p>G _____</p> <p>H 2</p>
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Cut here and give Form W-4 to your employer. Keep the top part for your records.

<p>Form W-4 Employee's Withholding Allowance Certificate OMB No. 1545-0074</p> <p>Department of the Treasury Internal Revenue Service</p> <p>► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>		<p>2008</p>
<p>1 Type or print your first name and middle initial. Last name</p> <p>JOHN J. DOE</p>		<p>2 Your social security number</p> <p>777 - 83 - 0011</p>
<p>Home address (number and street or rural route)</p> <p>112 VICTORY LANE</p> <p>City or town, state, and ZIP code</p> <p>ANY TOWN USA 11111</p>		<p>3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</p> <p>4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/></p>
<p>5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)</p> <p>5</p>		<p>6 Additional amount, if any, you want withheld from each paycheck</p> <p>6 \$ 2</p>
<p>7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here</p>		<p>8 Employee's signature (Form is not valid unless you sign it.) ►</p>
<p>8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)</p>		<p>9 Office code (optional)</p>
<p>10 Employer identification number (EIN)</p>		

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form W-4 (2008)

STATE OF LEGAL RESIDENCE


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STATE OF LEGAL RESIDENCE CERTIFICATE		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
AUTHORITY:	Tax Reform Act of 1976, Public Law 94-455.	
PURPOSE:	Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.	
ROUTINE USES:	Information herein will be furnished State authorities and to Members of Congress.	
MANDATORY OR VOLUNTARY DISCLOSURE:	Disclosure is voluntary. If not provided, State income taxes will be withheld based on the tax laws of the State previously certified as your legal residence, or in the absence of a prior certification, the tax laws of the applicable State based on your home of record.	
NAME (Last, first, middle initial)		SOCIAL SECURITY NUMBER (SSN)
LEGAL RESIDENCE/DOMICILE (City or county and State)		
INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE		
<p>The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401(a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.</p> <p>The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.</p> <p>You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.</p> <p>Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.</p> <p>The formula for changing your State of legal residence/domicile is simply stated as follows: <u>physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile.</u> In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential property or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/domicile of the change in your State of legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile. Finally, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.</p> <p>Generally, unless these steps have been taken, it is doubtful that your State of legal residence/domicile has changed. Failure to resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend on legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.</p>		
I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.		
I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.		
SIGNATURE	CURRENT MAILING ADDRESS (Include ZIP Code)	DATE

DD Form 2058, FEB 77 (EG)

Designed using Perform Pro, WHS/DIOR, Jul 94

FSA

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STATEMENT TO SUBSTANTIATE PAYMENT OF FAMILY SEPARATION ALLOWANCE (FSA)			
PRIVACY ACT STATEMENT AUTHORITY: Title 37, U.S. Code, Section 427. PRINCIPAL PURPOSE: To evaluate member's application for FSA. ROUTINE USES: a. Serves as substantiating document for FSA payments and input into the member's pay account. b. Provides an audit trail for validating propriety of payments and to assist in collecting erroneous payments. c. Provides a record in service member's pay account and for safekeeping. DISCLOSURE: Disclosure of your social security number and other personal information is voluntary. However, if requested information is not provided, FSA will not be considered.			
1. NAME OF MEMBER (Last, First, Middle Initial)	2. GRADE	3. SOCIAL SECURITY NUMBER	4. BRANCH AND ORGANIZATION
PART I - MEMBER COMPLETES THIS SECTION TO SUBSTANTIATE ENTITLEMENT TO FSA 5. TYPE II (X as applicable) <input type="checkbox"/> FSA-T (Temporary) <input type="checkbox"/> FSA-R (Restricted) <input type="checkbox"/> FSA-S (Ship) 6. COMPLETE CURRENT ADDRESS(ES) OF DEPENDENT(S) 7. DATE (DDMMYY) DEPARTED RESIDENCE TO UNIT HOME STATION (Mobilized Members)			
8. I CERTIFY TO THE FOLLOWING FACTS (X applicable box(es)) <input type="checkbox"/> a. I am not divorced or legally separated from my spouse. <input type="checkbox"/> b. My dependent child (children) was (were) not in the legal custody of another person when I received my military orders. <input type="checkbox"/> c. My dependent (other than my spouse; see line f. below) is not a member of the military service on active duty. <input type="checkbox"/> d. My sole dependent is not in an institution for a known period of over 1 year or a period expected to exceed 1 year. <input type="checkbox"/> e. I am claiming FSA for my parent(s) for whom I have a current and approved dependency status and am residing with, and I maintain a residence(s) for my dependent(s). I have assumed the liability and responsibilities thereof at the address(es) shown above, where I likely reside during periods of leave or such other times as my duty assignment may permit. <input type="checkbox"/> f. I am married to another military member currently serving on active duty and my spouse <input type="checkbox"/> was <input type="checkbox"/> was not residing with me immediately before being separated by execution of my military orders. Spouse's SSN: _____ Branch and Component: _____ <input type="checkbox"/> g. My last TDY or deployment, if any, <input type="checkbox"/> was <input type="checkbox"/> was not within the last 30 days from this TDY or deployment. 9. I understand that I must notify my commanding officer immediately upon any change in dependency status and if my sole dependent or all of my dependents move to or near this station or if my dependent(s) visit at or near this station for more than 90 continuous days (more than 30 continuous days in the case of FSA-T (Temp) or FSA-S (Ship)) while I am in receipt of FSA.			
a. DATE (DDMMYY)	b. SIGNATURE OF MEMBER		
PART II - CERTIFYING OFFICER COMPLETES THE APPROPRIATE SECTION(S) BELOW 10. TYPE II - FSA-T. Member has been ordered to and has performed temporary duty (TDY) at the location(s) shown below for more than 30 continuous days. This (these) location(s) is (are) outside a reasonable commuting distance from the member's permanent duty station (PDS pertains to active component) or the home of residence (HOR pertains to reserve component). A distance of 50 miles, one way, is normally considered to be within a reasonable commuting distance of a PDS or HOR. "Within a reasonable commuting distance" also may include distances of less than 50 miles and the time required to travel, under unusual conditions, does not exceed 1-1/2 hours. (Attach a blank page for continuation if necessary.)			
a. LOCATION	b. INCLUSIVE DATES OF TDY/T (From/To)	c. NO. OF DAYS	
11. TYPE II - FSA-R. Member departed (PCS/detached) from _____ (Last permanent duty station) on _____ (DDMMYY) and was on leave en route _____ (Include leave dates - DDMMYY), proceed time _____ (Include date) and the member reported to _____ (PDS) on _____ (DDMMYY). Transportation of dependent(s) is not authorized at government expense to this station or to a place near this station.			
12. TYPE II - FSA-S. Member was serving on orders, on board ship, away from homeport commencing (DDMMYY) _____. a. NAME OF SHIP/UNIT _____ b. HOMEPORT _____			
13. Travel performed under authority of orders _____, dated _____.			
14. Member claiming Type II FSA, is receiving basic allowance for housing (BAH) (or residing in government type quarters) as a member with dependents or married to a military member.			
15. DATE (DDMMYY)	16. CERTIFYING OFFICER		
	a. TYPED NAME (Last, First, Middle Initial)	b. TITLE	
	c. ORGANIZATION	d. SIGNATURE	

DD FORM 1561, NOV 2006

PREVIOUS EDITION IS OBSOLETE

Form/Presub Professional 7.0

ADMINISTRATIVE REMARKS



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APPROVED

ADMINISTRATIVE REMARKS
NAVJERS 1070/613 (REV. 10-81)
S/N 0106-LF-010-699

E-32

SHIP OR STATION

NAVAL MOBILIZATION PROCESSING SITE SAN DIEGO CA 92136

_____: I certify that at the time of my mobilization I resided in civilian housing.
I fully understand the financial responsibility to maintain my housing while I am mobilized

_____: I am still responsible for the rent/mortgage during my deployment. Residence location:

ADDRESS:

_____: I will not maintain a house after my mobilization.

_____: I do / do not reside in government housing.

SIGNATURE/DATE

NAME (Last, First, Middle)
NAME

SSN

BRANCH AND CLASS

USN

13



ADSW ORDERS



- ***Start date and end date are not adjustable.***
- ***All accrued leave must be used prior to end date or be sold back.***



COMBAT ZONE PAY ENTITLEMENTS (IN THEATER)

- ***Hostile Fire/Imminent Danger Pay***
- ***Hardship Duty Pay – Location***
- ***Combat Zone Tax Exclusion***
- ***Combat Zone Tax Exclusion Leave***
- ***Savings Deposit Program***



HOSTILE FIRE/IMMINENT DANGER PAY

- ***All pay grades will receive \$225.00 per month (tax free).***
- ***Eligibility: You must be in theater for at least 1 day to receive hostile fire pay for that entire month***



HARDSHIP DUTY PAY

- ***Hardship duty pay is payable to service members assigned to locations that are considered hardship; such as, Afghanistan; Djibouti, Africa; Iraq and Kuwait***
- ***The amount of hardship duty pay is determined by the location. Pay for the above locations is (\$100.00)***
- ***Eligibility: You must serve in the hardship area for at least 30 consecutive days***



COMBAT ZONE TAX EXCLUSION PAY

- ***NOTE!! Bonuses and special pay are excluded from Federal tax income.***
- ***NOTE!! Everyone must continue to pay FICA Social Security Taxes and FICA Medicare Taxes.***
- ***Please check with your State Revenue Department to see if you will be exempt from paying State taxes.***



COMBAT ZONE TAX EXCLUSION LEAVE

- *All leave that is earned while you are in a combat zone area is TAX FREE*
- *Any leave you take that is tax free will automatically be credited to your pay account. No documentation is required.*
- *Your LES will show the number of leave days you've earned that are tax free.*



BASE PAY AND ALLOWANCES

- ***BASIC PAY- Current pay chart available at <http://www.dfas.mil>***
- ***BAS - All pay grades are entitled to BAS***
 - ***Officers will receive \$223.04***
 - ***Enlisted personnel will receive \$323.87***



BASE PAY AND ALLOWANCES

- ***BAH- Will be based on the address listed on your orders.***
- ***GSA- For a member with or w/out dependents, the rate of payment for BAH is first and foremost, based on the member's current permanent duty station (PDS).***
 - *CO (or equivalent), may authorize a member BAH based on the location of the dependents' at the previous permanent duty station.*
 - *PERS approval is required to move dependents to another location CONUS.*
 - *OPNAV approval is required to move dependents to another location OCONUS.*



BASE PAY AND ALLOWANCES

- ***COLA – Not all locations are authorized Cost of Living Allowance. It is determined by the zip code.***
- ***FSA - You must be separated from your dependents for at least 30 consecutive days. All Pay Grades will receive \$250.00 per month (tax free).***



BASE PAY AND ALLOWANCES

Eligibility for FSA:

- ***Your Page 2 must state that you have dependents and that they reside with you. If you do not have physical custody of your dependents, you are not eligible for FSA.***
- ***You must complete an FSA request form***



BASE PAY AND ALLOWANCES

Clothing Allowance:

Authorized on a yearly basis; however, if you've received a clothing allowance while on active duty within the last 3 years, you will not be eligible.

SAVINGS PROGRAMS



SAVINGS DEPOSIT PROGRAM (SDP):

Amounts up to \$10,000.00 may be deposited, earning 10% interest annually. Members must be receiving Hostile Fire/Imminent Danger Pay and be deployed for at least 30 consecutive days, or 1 day in each of 3 consecutive months in order to participate in the program.

- ***You may sign up for the SDP once you arrive in theater.***
- ***You will ONLY be taxed on the INTEREST.***
- ***Once you leave theater, after 120 days, DFAS will credit your money directly into your bank account.***

Withdrawals:

- ***Members may close their SDP accounts only after departing the combat zone.***
- ***Members may submit a withdrawal request on-line using myPay.***



THRIFT SAVINGS PLAN (TSP)

- ***Can contribute as little as one percent up to one-hundred percent of basic pay, plus any amount of incentive pay or special pay, including bonus entitlements.***
- ***At any time while serving in the military, you can start, stop or change the amount of your TSP contribution.***
- ***The limit for 2010 is \$16,500.***
- ***Please visit the website: www.tsp.gov***



ADVANCE PAY - ONE MONTH

FOR RESERVE COMPONENT ONLY

ELIGIBILITY:

- ***Reserve component member in receipt of orders to active duty for 140 days or more.***
- ***Pay back in 3 months.***

WEBSITES



<http://www.dod.mil/dfas>

<https://mypay.dfas.mil>

<https://secureapp2.hqda.pentagon.mil/perdiem>



QUESTIONS???



NMPS – PSD Brief



Temporary Duty Travel

UNCLASSIFIED



Preparation of TDY Travel Claims

This slide show is presented as a job aid for military members who are performing Temporary Duty (TDY) travel and must submit a travel claim (DD Form 1351-2) for reimbursement, or to close out any previous advances.

All settlement TDY travel claims must be submitted within five calendar days upon completion of travel.



Preparation of TDY Travel Claims

IA Travel Claims

Travel claims must be filed with the assistance of the ECRC or NAVCENT DET Admin personnel even while you are in a combat zone.

Travel claims are submitted for expenses related to and authorized by IA orders such as:

- a. Initial: parent command or home to training.*
- b. Incidental expenses (IE): monthly “field per diem” payable at \$3.50 per day. Payable every 30 days.*
- c. Final: redeployment to parent command or home.*

Anticipate claims to be processed within 30 days of receipt.

While in CONUS training, travel claim processing will be worked by the PSD who supported you while processing through your NMPS

If you are not ultimately being assigned to a combat zone, submit all travel claims to the personnel office that services you IA assigned command.



Preparation of TDY Travel Claims

Travel Claim Tips

Be advised for **ALL** travel claim processing:

1. Receipts required for transportation and lodging. If receipt is not available other proof of purchase can be submitted on a lost receipt certificate obtained from your travel settlement office.
2. Government meal and lodging rate is paid unless orders specifically endorsed NOT AVAILABLE.
3. Transportation and lodging reservations must be secured through NAVY SATO to ensure full reimbursement.
4. Passport fees not reimbursable unless authorized by orders.
5. ATM fees are not reimbursable for times when transportation and lodging are not being claimed.
6. Government charge card late and expedite fees are reimbursable items.



Preparation of TDY Travel Claims

Travel Claim Tips

Reimbursement for mailing Personal Property

- 1. Active duty IA's are NOT authorized reimbursement for mailing of personal property.***
- 2. Reserve personnel are authorized reimbursement for postage not to exceed amount specified in IA orders (500 lbs). If authorized, reimbursement for postage is submitted with receipts on a separate travel claim to the Personal Property Office via ECRC.***



Preparation of TDY Travel Claims

Travel Claim Tips

Reimbursement of Miscellaneous Expenses

- a. *There are a few expenses that although not reimbursable via a travel claim can be submitted to NPC for authorization for reimbursement. An example of these official business expenses would be name tapes and insignias for issued DCU's and any fee for sewing them on. PT gear, although required, and not always issued, is not approved for reimbursement.*
- b. *Submit receipts via SF 1164 (Claim for Reimbursement of Expenditures on Official Business). Use DD form 2902 to claim reimbursement for any privately-purchased protective, safety and health equipment used in combat. Again receipts required.*



Preparation of TDY Travel Claims

To begin your TDY claim process you will need:

- a. Your original TDY travel orders and any amendments.*
- b. DD Form 1351-2 (revised March 2008).*
- c. Receipts for lodging, and any item \$75.00 or more.*

Important!

A complete and legible travel claim is required to receive correct and timely reimbursement.

Preparation of TDY Travel Claims

Mark all the applicable blocks, entitlements will not be paid for blocks not marked!

Important! Indicate your current mailing address.

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks			
1. PAYMENT		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.					
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____					
2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE	4. SSN		5. TYPE OF PAYMENT (X as applicable)		
COASTIE, SAMUEL J.		YN2	987-65-4321		<input type="checkbox"/> TDY <input checked="" type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input checked="" type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA		
6. ADDRESS. a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE			
1234 MAIN ST		ANYTOWN	VA	22203			
e. E-MAIL ADDRESS		7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER		10. FOR D.O. USE ONLY	
SAMUEL.J.COASTIE@USCG.MIL		703-555-9999		1210G80PRA1T8000		a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		b. SUBVOUCHER NUMBER			
CG PSC (EPM)		3,457.29					

List your unit/command

List your total travel advance. Do not include advance pay.

Preparation of TDY Travel Claims



Enter the year in which travel began.

Enter the month and day of each departure and arrival.

Enter each departure and arrival made in conjunction with these IA TDY orders. List units as necessary.

Two letter code for mode of travel.

15. ITINERARY				c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
a. DATE		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)					
2010							
14JUN	DEP	CG SECTOR SAN DIEGO, CA		PA			
07JUL	ARR	CG PSC			MC		2691
	DEP	ARLINGTON VA					
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						

Official mileage from the old to the new duty station

Preparation of TDY Travel Claims

This itinerary shows multiple modes of travel.

Enter the month and day of each departure and arrival.

Enter each departure and arrival.

Two letter code for each mode of travel.

Two letter code for each mode of travel.

Official mileage.

15. ITINERARY					
a. DATE		b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST
14JUN	DEP	CG D17, JUNEAU, AK	CV		
18JUN	ARR			AT	
18JUN	DEP	BELLINGHAM, WA	PA		
07JUL	ARR	CG PSC		MC	2851
	DEP	ARLINGTON, VA			
	ARR				
	DEP				
	ARR				
	DEP				
	ARR				
	DEP				
	ARR				
	DEP				
	ARR				

Preparation of TDY Travel Claims

You MUST sign your claim and have an Approving Officer signature for your claim to be processed.

An Approving Officer signature is required.

20.a. CLAIMANT SIGNATURE S. J. COASTIE			b. DATE 15JUL10	
c. REVIEWER'S PRINTED NAME		d. REVIEWER SIGNATURE		e. TELEPHONE NUMBER
21.a. APPROVING OFFICIAL'S PRINTED NAME A.O. REVIEWER, YNC, USCG		b. SIGNATURE		f. DATE 15JUL10
c. TELEPHONE NUMBER 202-555-1234				
22. ACCOUNTING CLASSIFICATION				
23. COLLECTION DATA				
24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER/ AUTHORIZATION POSTED BY	27. RECEIVED (Payee Signature and Date or Check No.)	28. AMOUNT PAID

Signatures should be in blue ink.

Leave Blocks 22 through 28 blank



Preparation of TDY Travel Claims

Here's what to mail:

- ***DD-1351-2 (ver. Mar 2008) and any continuations sheets***
- ***Original orders***
- ***Any amendments to orders (originals)***
- ***Receipts for items over \$75***

Send your claim to your Command PASS Coordinator



Preparation of TDY Travel Claims

***Additional information about TDY entitlements are detailed in Chapter 5 of the JFTR:
<http://www.defensetravel.dod.mil/perdiem/trvlregs.html>***

If you need more room to claim additional items, use DD Form 1351-2C Continuation Sheet.

If you need space to record remarks, use the space provided on the reverse side of the DD 1351-2.



QUESTIONS???